



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Firearms Safety Training Program Approval Application

To qualify for approval of a Firearms Safety Training Program you must be an organization legitimately doing business in the State of Arizona. Please complete all parts of this form. Your application will not be processed unless all applicable questions have been answered. Note: There are no fees required for training program approval.

Business Name		County	
Business Address: (Street number and name)	City	State	Zip Code
Business Mailing Address: (Street number and name)	City	State	Zip Code
Name of individual we may contact: Last, First, Middle		Phone Number	

IMPORTANT: Please be sure this application is filled out completely or it will not be processed.

- o **Applications are processed in accordance with ARS § 13-3112 and Arizona Administrative Code, Title 13**
- o Official DPS Website: www.azdps.gov/ccw
- o Mail completed form to: Arizona Department of Public Safety, P.O. Box 6488 Phoenix, AZ 85005-6488
- o Questions may be directed to: Concealed Weapon Permit Unit at: (602) 256-6280 or (800) 256-6280 (Outside metropolitan Phoenix)

I attest that, to the best of my knowledge, all answers on this application are true and correct. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any part of any document provided to the Arizona Department of Public Safety in the application process. Falsification or misrepresentation is also grounds for your program approval being denied or revoked.

Applicant Signature

Date

Program Code:

62005081

Organization Number: *DPS use*

Place unique organization
stamp or seal here